

NAME CYPRUS THOMPSON CREEK MINING C
ADDRESS P.O. BOX 62
CLAYTON ID 83227
FACILITY TC
LOCATION ATTN: BERT DOUGHTY, ENVIRON. SUPERV.

ID 00025402
PERMIT NUMBER

DISCHARGE NUMBER
001 A

MONITORING PERIOD
FROM YEAR 87 MO 11 DAY 01 TO YEAR 87 MO 11 DAY 30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

F - FINAL
DISCHARGE TO BUCKSKIN CREEK
RECEIVED
MAJOR (SUBR 03)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****			*****				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	RAB
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****					
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	20 DAILY AV	30 DAILY MX		WEEKLY	RAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0	0		*****	*****	*****			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MX	MGD	*****	*****	*****		DAILY	
	SAMPLE MEASUREMENT			NO DISCHARGE						
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
C. G. Janes General Manager TYPED OR PRINTED			208 838-2200 AREA CODE NUMBER	87 12 15 YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.

P...ITTEE NAME/ADDRESS (Include
F...ame/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-00
Expires 2-29-84

NAME CYPRUS THOMPSON CREEK MINING C

ADDRESS P.O. BOX 62

CLAYTON ID 83227

FACILITY

LOCATION

ATTN: BERT DOUGHTY, ENVIRON. SUPERV.

(2-16)

(17-19)

ID0025402

002 A

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
87	11	01	87	11	30
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	8.0	0	WKLY	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	8.5	*****	9.0		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***	MINIMUM		MAXIMUM	SU		
SOLIDS, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	1	2	0	WKLY	GR
SUSPENDED										
00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	20	30		WEEKLY	GRAB
EFFLUENT GROSS VALUE				***		DAILY AV	DAILY MX	MG/L		
FLOW, IN CONDUIT OR	SAMPLE MEASUREMENT	0.045	0.052		*****	*****	*****	0	DAILY	
THRU TREATMENT PLANT										
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****		DAILY	
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX	MGO						
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

C. G. Janes
General Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

208
AREA
CODE

838-2200
NUMBER

87 12 15
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO DISCHARGE OF FLOATING SOLIDS OR VISIBLE FOAM IN OTHER THAN TRACE AMOUNTS.